TRAUMA
47TH CSH

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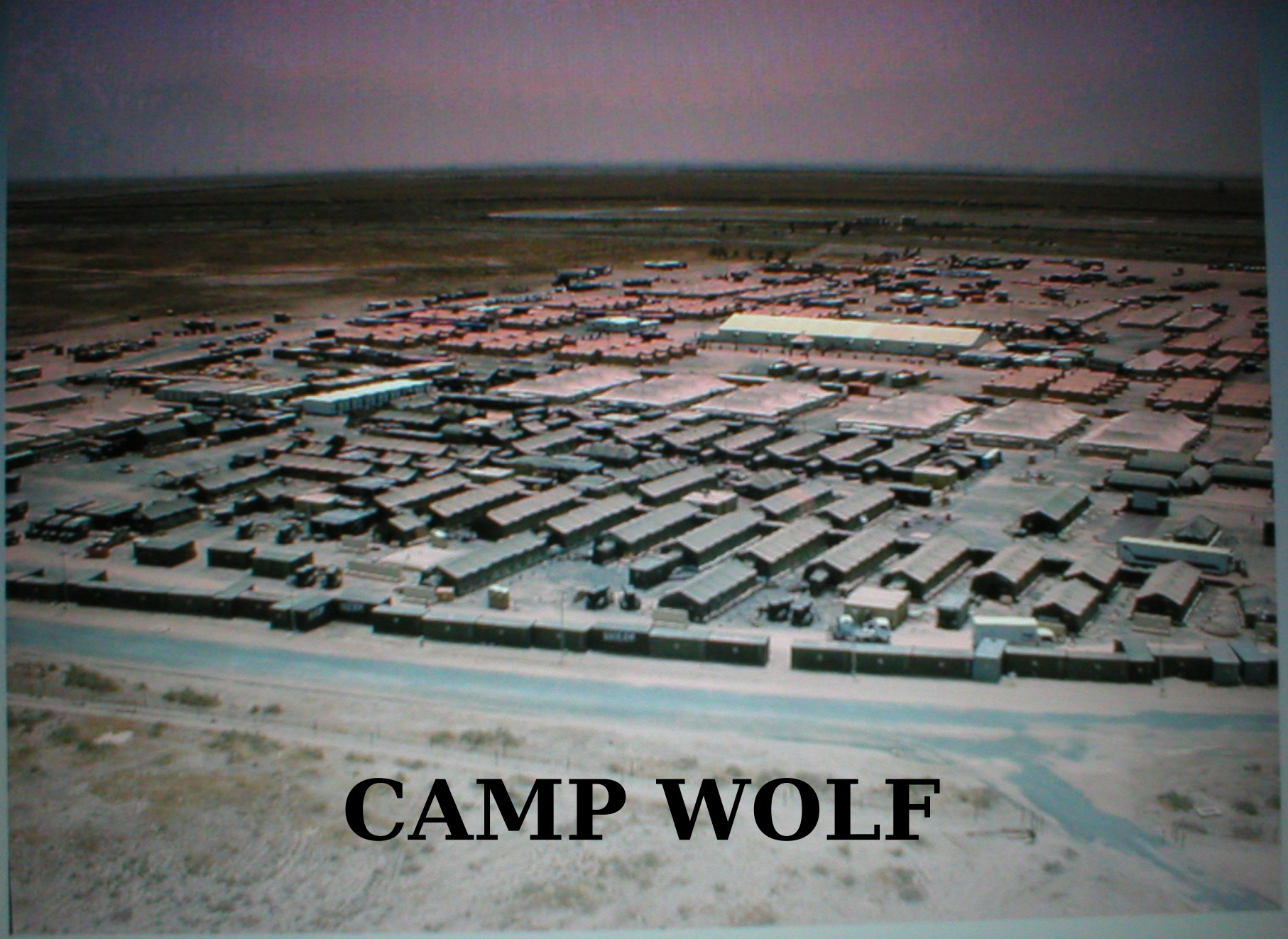
OBJECTIVES

- Discuss major types of trauma/injuries seen.
- Discuss challenges we faced providing patient care.
- Offer solutions.


CAMP WOLF

EMT
EMT
DEDICATED TO
LIFE
47th CSH
EMT
EMERGENCY SERVICES
17/03/2003

Yeah I’m Cool

DEDICATED TO
LIFE
47th CSH
EMT
EMERGENCY SERVICES

47TH CSH

- Deployed with approximately 550 personnel from MAMC.
- Largest CSH in CENTCOM-296 bed capacity
- 1 of 2 Level 3 hospitals in Kuwait.
- Mission: To provide care to American and coalitions forces. Emergent-contractors

47th CSH

- Construction began on 8 March 2003
- Intubated the first patient 10 March 2003
- Achieved Level 3 72 hours from arrival
- CPDEPMEDS Level 3 at 96 hours

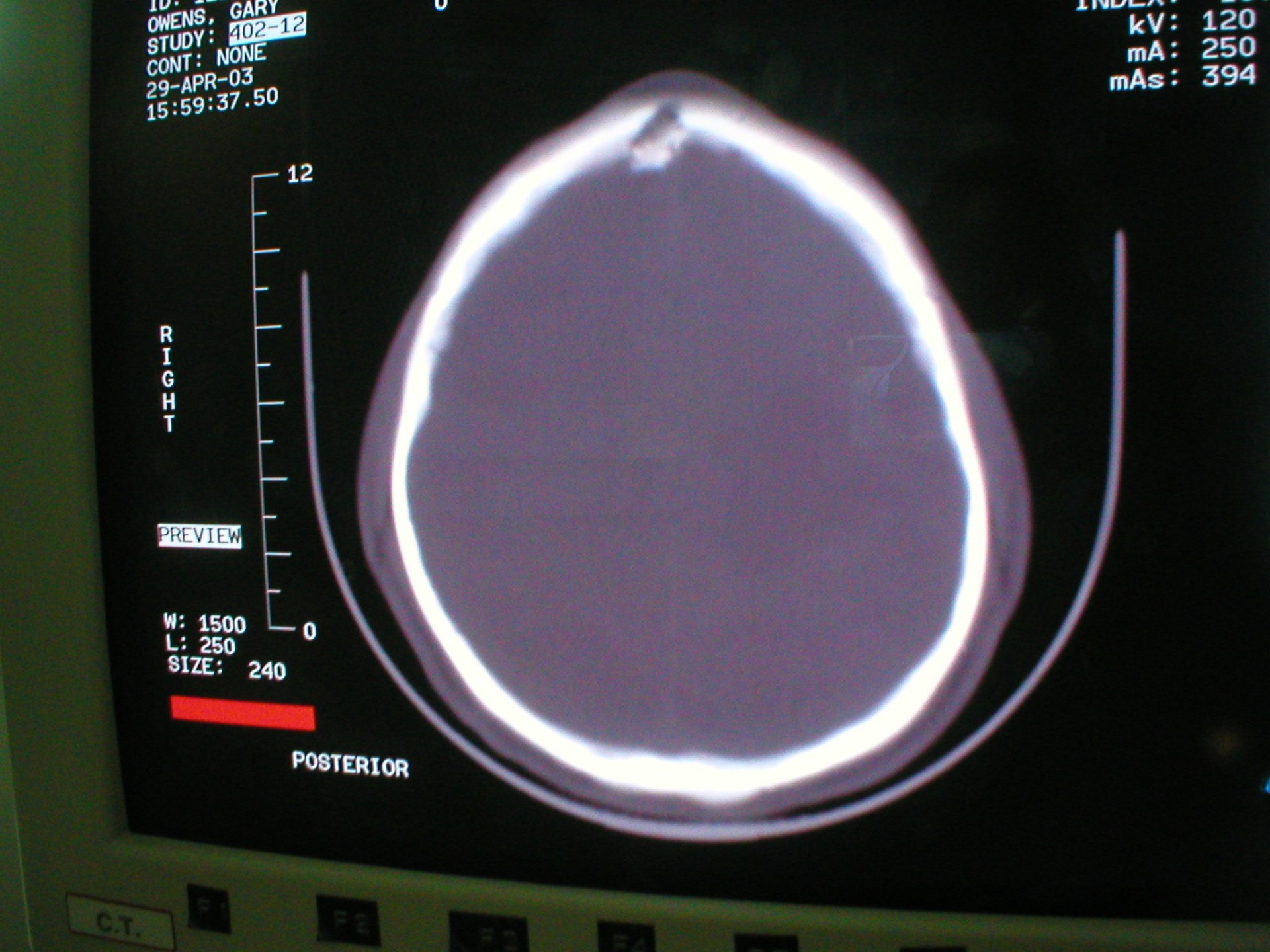
TRAUMA

- In terms of trauma-body armor was a good thing.
- Injuries consisted of head and neck wounds, penetrating and blunt.
- Orthopedic injuries-amputations, fractures

TRAUMA

- Chest and abdominal trauma
- Burns

TRAUMA-HEAD AND NECK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Sharpie

ORTHOPEDIC INJURIES

- Variety of penetrating injuries.
- Initially from GSW’s, schrapnel. Then IED’s
- Blunt trauma from roll-overs of vehicles, crush injuries
- Interesting side note.

2LT Angst

CHEST AND ABDOMINAL TRAUMA

- Despite body armor patients required exploratory laprotomies, repair of vascular inuries to major vessels.
- Blunt trauma provided oppurtunities to place chest tubes.
- Vast majority were re-do surgeries.

BURNS

- Majority were 2nd and 3rd degree from fires.
- Minor electrical injuries
- Interesting side note. Involved smoking.

CHALLENGES

- Initial lack of medications (narcotics, paralytics), oxygen, blood.
- Communication.
- Medical records.
- Pediatrics.

MEDICATIONS

- Intubated patient –unexpected.
- We arrived before our supplies- pharmacy, blood oxygen
- Pharmacy was making trips daily to other camps, other hospitals, Qatar, british MASF
- Level 4 and CONUS assistance from providers

COMMUNICATIONS-KUWAIT

- 47th obtained ICOM radios for each ward, section and phones for key personnel. Overhead paging capability.
- Communication between the Kuwait camps improved with DSN lines. We were at the mercy of the MRO.

COMMUNICATIONS-IRAQ

- Theater communications remained poor.

- We consistently received false warnings, no warnings, misinformation about incoming patients, injuries, nationalities.

KUWAIT AND IRAQ

- Medical records arrived the majority of the time from Kuwait camps
- Iraq……haphazard, intermittent.
- This impacted our ability to transfer patient medical data to level 4.

IRAQ

- Patients received additional operations because operative reports were not available, particularly if their condition was tenuous.
- Multiple repeat xray’s because films were either not sent or lost.
- Potential delays to level 4

PEDIATRICS/IRAQI'S

MISSION CREEP

- Pediatric packs were pulled-”we are taking care of children.”
- We managed with small amount of supplies brought “just in case”.
- We improvised-an 8 FR feeding tube can be used for a lot of things
- Navy

SOLUTIONS

- Lesson’s learned: AAR’S from Desert Storm contained similar concerns. MRO, pediatrics.
- Have a clinically oriented MRO.

SOLUTIONS

- Providers at CSH's should worry less about keeping records "just in case". In wartime send them with the patient.
- Airevac personnel should also be advised to insure records travel with the patient.
- Lesson's learned-AAR from Desert Storm.

SOLUTIONS

- Expect humanitarian mission creep.
- Pediatric sets should be mandatory.
- Recommend we follow the example of the Navy and deploy pediatricians.

SOLUTIONS

- Pharmacy, oxygen and blood.

- Medical supply and medical logistics are responsible for insuring we have what we need and we keep what we need.

QUESTIONS????